

<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/571,511-Conf. #8941
	Filing Date	January 8, 2007
	First Named Inventor	Toshio DOI
	Art Unit	N/A
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	3749-0124PUS1

I hereby revoke all previous powers of attorney given in the above-identified application.	
<input type="checkbox"/> A Power of Attorney is submitted herewith. <b>OR</b> <input checked="" type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number: <span style="border: 1px solid black; padding: 2px 20px;">02292</span>	
<input checked="" type="checkbox"/> Please change the correspondence address for the above-identified application to: <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> The address associated with Customer Number: <span style="border: 1px solid black; padding: 2px 20px;">02292</span> </div>	
<b>OR</b> <input type="checkbox"/> Firm or Individual Name: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>	
Address: <span style="border: 1px solid black; display: inline-block; width: 500px; height: 1.2em; vertical-align: middle;"></span> City: <span style="border: 1px solid black; display: inline-block; width: 500px; height: 1.2em; vertical-align: middle;"></span> Country: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span> State: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> Zip: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> Telephone: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span> Email: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>	
I am the: <input type="checkbox"/> Applicant/Inventor. <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. <i>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</i>	
<b>SIGNATURE of Applicant or Assignee of Record</b>	
Signature	
Printed Name	Go ICHIEM Hubit Genomix, Inc.
Date	April 11, 2008
Telephone	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>
<small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small>	
<input checked="" type="checkbox"/> *Total of <u>2</u> forms are submitted.	